

NORTH CAROLINA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES
VETERINARY DIVISION- ANIMAL WELFARE SECTION
1030 MAIL SERVICE CENTER
RALEIGH, NC 27699-1030
919-715-7111-PHONE, 919-733-6431-FAX

MAKE CHECKS OR MONEY ORDERS PAYABLE TO
NCDA&CS, ANIMAL WELFARE SECTION.

ANIMAL WELFARE FACILITY APPLICATION

LICENSE APPLICATION TO OPERATE AS ONE OF THE FOLLOWING:

- ☐ ANIMAL SHELTER (NO FEE – PRIVATE/PUBLIC)
☐ BOARDING KENNEL (\$50.00)
☐ PET SHOP (\$50.00)
☐ PUBLIC AUCTION (\$50.00)

NAME OF BUSINESS _____

TELEPHONE () _____ COUNTY _____

PHYSICAL ADDRESS _____

CITY _____ ZIP _____

DIRECTIONS TO BUSINESS (IF RURAL) _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

.....
OWNER _____ TELEPHONE () _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

.....
CLEANING HOURS: _____ DAYS: _____

PUBLIC BUSINESS HOURS: _____ DAYS: _____

NUMBER OF ENCLOSURES: DOGS _____ CATS _____ TOTAL _____

MAXIMUM NUMBER OF ANIMALS ON PREMISES: DOGS _____ CATS _____

.....
SIGNATURE: _____ DATE _____
(OWNER OR AUTHORIZED AGENT)

LICENSE OR REGISTRATION FEES SHALL ACCOMPANY APPLICATION. APPLICANT
SHALL FILE A SEPARATE APPLICATION FOR EACH CATEGORY SHOWN ABOVE.

DATE INSPECTED _____

DATE APPROVED _____

NORTH CAROLINA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES

VETERINARY DIVISION

1030 Mail Service Center
Raleigh, NC 27699-1030
Telephone: (919) 715-7111
Fax: (919)733-6431

ANNUAL PROGRAM OF VETERINARY CARE

BUSINESS: _____
 OWNER: _____ TELEPHONE: _____
 MANAGER: _____ COUNTY: _____
 VETERINARIAN: _____ TELEPHONE: _____
 ADDRESS: _____
City/State/Zip

This form is to be used for documenting the program for veterinary care in animal facilities. Items below are to be completed with the assistance of a veterinarian licensed by the State of North Carolina. If space is not adequate, use the back of the page or attach additional page(s). **This form is to be signed by the owner or manager of the facility and the veterinarian.**

- I. **DISEASE PREVENTION and CONTROL:** The facility and primary enclosures are to be cleaned daily, as per regulations NCAC 52J.0205, 0207). Describe your procedures for disinfecting; (1) Primary enclosures, (2) Feed/water bowls, and (3) Bedding, if provided.

- II. **VACCINATIONS/PARASITE CONTROL:** Rabies vaccination is required according to NC rabies laws. List any other vaccinations you require. Specify age and species.

- III. **MEDICAL RECORDS:** Describe how treatments, medications, and immunizations are documented.

- IV. **ISOLATION:** Describe your provisions and procedures for isolation of incoming and/or sick animals.

- V. **PROTOCOL FOR SALE/ADOPTION OF DISEASED OR DEFORMED ANIMALS:**

- VI. **EMERGENCY VETERINARY CARE:** Protocol for providing emergency veterinary care.

- VII. **EUTHANASIA:** If applicable, person responsible for euthanasia:
 Name: _____ Telephone (____) _____
 First Last
 Method of euthanasia: _____

I certify that the facility named above has implemented this program of veterinary care and that the veterinarian named above assisted with its development.

Facility Owner or Manager (signature required) _____ Date _____

As the veterinarian listed on this form, I have discussed these areas of the program of veterinary care with the owner. I am not responsible for any procedures implemented or the direct care of animals at this facility. Veterinary care is provided to animals on request of the facility owner/manager.

Veterinarian (signature required) _____ License # _____ Date _____

NOTE: NCDA&CS, Veterinary Division shall be notified in writing if the veterinarian/client relationship is terminated.